

Summarized Notes from HFV/PHF Town Halls (May 2021)

Community Needs

Latino/Hispanic workers have been on the frontline of COVID-19 essential workers. Many are hesitant to get tested and receive the vaccine.

The CDC came to Manassas early on during the pandemic to contact trace. (City was “red zone.”) Hesitancy among immigrant populations to get involved in public health goes beyond COVID-19. Need to make systemic accommodations to help these households.

“Greying of AIDS” as that population gets older. HOPWA funds administered by NVRC.

Region has a large need for more permanent supportive housing.

Food deserts are an example of how community design/planning can increase living costs for low-income persons.

Region is very diverse in terms of immigrants, refugees, and multigenerational homes they occupy.

Displacement of low income households is an issue in the community as property values rise and new investments are made. (HFV will explore ways data can show this in the report.)

General sense is that incomes have been stable but housing costs are rising.

Post pandemic, the real estate market will boom - there will be strong growth - upward pressure on prices - need a growth policy that protects HHs with low / moderate incomes from displacement.

Recommendations for Report

[Healthy People 2030](#) has five metrics for social determinants of health:

- Economic stability
- Education access and quality
- Neighborhood and built environment
- Social and community context
- Health care access and quality

Consider using “[15 minute cities](#)” model as way to promote healthier communities.

Should study prevalence of multigenerational households in Latino/Hispanic community.

Would be helpful to see more information about household type trends (e.g., HH with children, seniors, family size, etc). Those affect housing needs/affordability.

Community/region has become more aware of housing/health disparities. Many are familiar with major stories that the data can tell. Most know that racism and poverty are contributors to poor health. Report should include data as needed, but should mainly focus on solutions to overcome challenges -- don't need to spend a lot of effort retelling known stories.

Report should focus on specific socioeconomic cohorts, such as Extremely Low Income, Very Low Income, and homeless persons (as priority).

Housing solutions should acknowledge and accommodate immigrant/refugee needs in terms of type/size/location of homes. Opportunity for more data to understand scale of these needs.

Hospital systems need to be part of housing solutions. Impossible to take care of health without investment in adequate housing. Partnering with CHWs that could support residents taking care of health if housing issue could be addressed. Good example in Baltimore with Kaiser.

Accessory dwelling units (ADUs) as possible housing innovation to help seniors (and changing household types/needs in general). Check with efforts in PWC to expand ADU allowances in zoning code. (As well as Stafford and Fairfax counties.)

Are planning departments focused on transit-oriented mixed use development and transit hubs (e.g. North Woodbridge)? Already seeing signs that areas like Woodbridge will become a hot zone for attracting folks who are not from this area (more development, high end apartment buildings). If there is redevelopment, how do we be inclusive about this to avoid displacement and prevent inflation of cost of living?